

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	L.Y		12-20-95
O.I.P.E. CLASSIFIER	15		15-30
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	95	59229	1/10/00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date									
Final	08	02	7	2	7	3				
Original	20	19	30	18	6	3				
1	02	03	04	04	05					
2	✓	✓	✓	✓	✓					
3	✓	✓	✓	✓	✓					
4	✓	✓	✓	✓	✓					
5	✓	✓	✓	✓	✓					
6	✓	✓	✓	✓	✓					
7	✓	✓	✓	✓	✓					
8	✓	✓	✓	✓	✓					
9	✓	✓	✓	✓	✓					
10	✓	✓	✓	✓	✓					
11	✓	✓	✓	✓	✓					
12	✓	✓	✓	✓	✓					
13	✓	✓	✓	✓	✓					
14	✓	✓	✓	✓	✓					
15	✓	✓	✓	✓	✓					
16	✓	✓	✓	✓	✓					
17	✓	✓	✓	✓	✓					
18	✓	✓	✓	✓	✓					
19	✓	✓	✓	✓	✓					
20	✓	✓	✓	✓	✓					
21	✓	✓	✓	✓	✓					
22	✓	✓	✓	✓	✓					
23	✓	✓	✓	✓	✓					
24	✓	✓	✓	✓	✓					
25	✓	✓	✓	✓	✓					
26	✓	✓	✓	✓	✓					
27	✓	✓	✓	✓	✓					
28	✓	✓	✓	✓	✓					
29	✓	✓	✓	✓	✓					
30	✓	✓	✓	✓	✓					
31	✓	✓	✓	✓	✓					
32	✓	✓	✓	✓	✓					
33	✓	✓	✓	✓	✓					
34	✓	✓	✓	✓	✓					
35	✓	✓	✓	✓	✓					
36	✓	✓	✓	✓	✓					
37	✓	✓	✓	✓	✓					
38	✓	✓	✓	✓	✓					
39	✓	✓	✓	✓	✓					
40	✓	✓	✓	✓	✓					
41	✓	✓	✓	✓	✓					
42	✓	✓	✓	✓	✓					
43	✓	✓	✓	✓	✓					
44	✓	✓	✓	✓	✓					
45	✓	✓	✓	✓	✓					
46	✓	✓	✓	✓	✓					
47	✓	✓	✓	✓	✓					
48	✓	✓	✓	✓	✓					
49	✓	✓	✓	✓	✓					
50	✓	✓	✓	✓	✓					

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)